

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF	IN UNITED STATES	<input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	
_____ V.S. _____	FOR _____	<div style="border: 1px solid black; padding: 5px;">LOCATION NUMBER</div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
_____	AT _____		
PERSON REPRESENTED (Show your full name) <div style="font-size: 1.5em; font-family: cursive;">Victor Arroyo</div>		<div style="border: 1px solid black; padding: 5px;">DOCKET NUMBERS</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Magistrate District Court <div style="font-size: 1.2em; font-family: cursive;">04-10053-RCL</div> Court of Appeals </div>	
CHARGE/OFFENSE (describe if applicable & check box <input type="checkbox"/>) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		<div style="font-size: 0.8em;"> 1 <input type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other </div>	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____								
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____								
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> RECEIVED IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____ </div> <div style="width: 45%;"> SOURCES _____ </div> </div>								
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____								
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND DESCRIBE IT <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">VALUE</th> <th style="width: 50%; text-align: center;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	VALUE	DESCRIPTION	_____	_____	_____	_____	_____	_____
VALUE	DESCRIPTION									
_____	_____									
_____	_____									
_____	_____									

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <div style="font-size: 1.5em; font-family: cursive;">3</div>	List persons you actually support and your relationship to them <div style="font-size: 1.2em; font-family: cursive;"> Veronica Arroyo Victoria Arroyo Victor Arroyo 3 step kids </div>	
	DEBTS & MONTHLY BILLS	APARTMENT OR HOME	Creditors	Total Debt	Monthly Paymnt.
	(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)	_____	_____	\$ _____	\$ _____
		_____	_____	\$ _____	\$ _____
		_____	_____	\$ _____	\$ _____
		_____	_____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Victoria M. Arroyo